

Georgia Department of Community Health

	Facility Name	Roosevelt Warm Springs	Georgia Health Sciences
1	base period report period beginning date	07/01/09	07/01/09
2	base period report period ending date	06/30/10	06/30/10
3			
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
5			
6	CAH status (1 = yes)	0	0
7			
8	<u>subject to cost settlement</u>		
9	cost of Medicaid covered services	44,947	10,560,197
10	covered charges	46,470	24,835,521
11	outpatient Medicaid ratio of costs to charges	0.967226	0.425205
12	annual cost of Medicaid covered services	44,947	10,560,197
13	cost settlement rate	95.77%	95.77%
14	annual Medicaid payments after cost settlement	43,046	10,113,500
15			
16	<u>subject to fixed fee payment</u>		
17	covered charges	0	1,250,239
18	payments	0	92,053
19	annual covered charges	0	1,250,239
20	annual interim payments	0	92,053
21	annual cost of services	-	531,608
22			
23	<u>subject to limit of inpatient rate</u>		
24	covered charges	0	4,127,530
25	payments	0	945,528
26	annual covered charges	0	4,127,530
27	annual interim payments	0	945,528
28	annual cost of services	0	1,755,046
29			
30	Medicaid annual payments	43,046	11,151,081
31	Cost of services - max annual payments for UPL	44,947	12,846,851
32			
33	<u>adjustment factor</u>		
34	inflation	1.032094	1.032094
35			
36	adjusted Medicaid annual payments	44,428	11,508,964
37	adjusted maximum annual payments for UPL	46,390	13,259,157
38	annual facility specific UPL amount	1,962	1,750,193
39			
40	annual allocation of charge limit (if applicable)	1,962	1,750,193
41			
42	annual UPL amount after aggregate limit adjustments	3,924	3,500,386
43	UPL adjustment available for SFY2013	3,924	3,500,386
44	SFY2013 UPL adjustment - 1st - 3rd quarters	2,943	2,625,290
45	Intergovernmental transfer amount	1,008	898,899
46	Net funds amount	1,935	1,726,391

Georgia Department of Community Health

	Facility Name	Appling Hospital	Athens Regional	Burke Medical Center
1	base period report period beginning date	09/01/09	10/01/09	06/01/09
2	base period report period ending date	08/31/10	09/30/10	05/31/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>subject to cost settlement</u>			
9	cost of Medicaid covered services	339,423	4,565,212	311,181
10	covered charges	1,332,797	20,807,286	557,959
11	outpatient Medicaid ratio of costs to charges	0.25467	0.219404	0.557712
12	annual cost of Medicaid covered services	339,423	4,565,212	311,181
13	cost settlement rate	95.77%	95.77%	95.77%
14	annual Medicaid payments after cost settlement	325,066	4,372,103	298,018
15				
16	<u>subject to fixed fee payment</u>			
17	covered charges	63,932	750,247	40,965
18	payments	6,507	31,968	7,765
19	annual covered charges	63,932	750,247	40,965
20	annual interim payments	6,507	31,968	7,765
21	annual cost of services	16,282	164,607	22,847
22				
23	<u>subject to limit of inpatient rate</u>			
24	covered charges	0	2,287,918	18,174
25	payments	0	320,845	8,528
26	annual covered charges	0	2,287,918	18,174
27	annual interim payments	0	320,845	8,528
28	annual cost of services	0	501,978	10,136
29				
30	Medicaid annual payments	331,573	4,724,916	314,311
31	Cost of services - max annual payments for UPL	355,705	5,231,797	344,164
32				
33	<u>adjustment factor</u>			
34	inflation	1.02444	1.020655	1.036494
35				
36	adjusted Medicaid annual payments	339,677	4,822,509	325,781
37	adjusted maximum annual payments for UPL	364,399	5,339,860	356,724
38	annual facility specific UPL amount	24,722	517,351	30,943
39				
40	annual allocation of charge limit (if applicable)	24,722	517,351	30,943
41				
42	annual UPL amount after aggregate limit adjustments	49,444	1,034,702	61,886
43	UPL adjustment available for SFY2013	49,444	1,034,702	61,886
44	SFY2013 UPL adjustment - 1st - 3rd quarters	37,083	776,027	46,415
45	Intergovernmental transfer amount	12,697	265,712	15,892
46	Net funds amount	24,386	510,315	30,523

Georgia Department of Community Health

	Facility Name	Hughes Spalding	Coffee Regional	Colquitt Regional
1	base period report period beginning date	01/01/10	01/01/10	10/01/09
2	base period report period ending date	12/31/10	12/31/10	09/30/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>subject to cost settlement</u>			
9	cost of Medicaid covered services	1,795,144	1,137,723	1,301,698
10	covered charges	5,601,050	4,468,022	3,944,131
11	outpatient Medicaid ratio of costs to charges	0.320501	0.254637	0.330034
12	annual cost of Medicaid covered services	1,795,144	1,137,723	1,301,698
13	cost settlement rate	95.77%	95.77%	95.77%
14	annual Medicaid payments after cost settlement	1,719,209	1,089,597	1,246,637
15				
16	<u>subject to fixed fee payment</u>			
17	covered charges	757,661	514,434	168,269
18	payments	81,638	40,452	19,774
19	annual covered charges	757,661	514,434	168,269
20	annual interim payments	81,638	40,452	19,774
21	annual cost of services	242,831	130,994	55,534
22				
23	<u>subject to limit of inpatient rate</u>			
24	covered charges	0	44,510	447,316
25	payments	0	9,211	82,548
26	annual covered charges	0	44,510	447,316
27	annual interim payments	0	9,211	82,548
28	annual cost of services	0	11,334	147,629
29				
30	Medicaid annual payments	1,800,847	1,139,260	1,348,959
31	Cost of services - max annual payments for UPL	2,037,975	1,280,051	1,504,861
32				
33	<u>adjustment factor</u>			
34	inflation	1.022716	1.022716	1.020655
35				
36	adjusted Medicaid annual payments	1,841,755	1,165,139	1,376,822
37	adjusted maximum annual payments for UPL	2,084,270	1,309,129	1,535,944
38	annual facility specific UPL amount	242,515	143,990	159,122
39				
40	annual allocation of charge limit (if applicable)	242,515	143,990	159,122
41				
42	annual UPL amount after aggregate limit adjustments	485,030	287,980	318,244
43	UPL adjustment available for SFY2013	485,030	287,980	318,244
44	SFY2013 UPL adjustment - 1st - 3rd quarters	363,773	215,985	238,683
45	Intergovernmental transfer amount	124,556	73,953	81,725
46	Net funds amount	239,217	142,032	156,958

Georgia Department of Community Health

	Facility Name	Cook Medical Center	Crisp Regional	Dekalb Medical Center
1	base period report period beginning date	07/01/09	07/01/09	07/01/09
2	base period report period ending date	06/30/10	06/30/10	06/30/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>subject to cost settlement</u>			
9	cost of Medicaid covered services	212,873	766,039	2,972,970
10	covered charges	904,254	2,583,670	11,532,176
11	outpatient Medicaid ratio of costs to charges	0.235413	0.296493	0.257798
12	annual cost of Medicaid covered services	212,873	766,039	2,972,970
13	cost settlement rate	95.77%	95.77%	95.77%
14	annual Medicaid payments after cost settlement	203,869	733,636	2,847,213
15				
16	<u>subject to fixed fee payment</u>			
17	covered charges	133,972	155,161	949,082
18	payments	10,131	14,000	55,650
19	annual covered charges	133,972	155,161	949,082
20	annual interim payments	10,131	14,000	55,650
21	annual cost of services	31,539	46,004	244,671
22				
23	<u>subject to limit of inpatient rate</u>			
24	covered charges	0	0	2,207,289
25	payments	0	0	455,166
26	annual covered charges	0	0	2,207,289
27	annual interim payments	0	0	455,166
28	annual cost of services	0	0	569,035
29				
30	Medicaid annual payments	214,000	747,636	3,358,029
31	Cost of services - max annual payments for UPL	244,412	812,043	3,786,676
32				
33	<u>adjustment factor</u>			
34	inflation	1.032094	1.032094	1.032094
35				
36	adjusted Medicaid annual payments	220,868	771,631	3,465,802
37	adjusted maximum annual payments for UPL	252,257	838,105	3,908,206
38	annual facility specific UPL amount	31,389	66,474	442,404
39				
40	annual allocation of charge limit (if applicable)	31,389	66,474	442,404
41				
42	annual UPL amount after aggregate limit adjustments	62,778	132,948	884,808
43	UPL adjustment available for SFY2013	62,778	132,948	884,808
44	SFY2013 UPL adjustment - 1st - 3rd quarters	31,389	99,711	663,606
45	Intergovernmental transfer amount	10,810	34,141	227,219
46	Net funds amount	20,579	65,570	436,387

Georgia Department of Community Health

	Facility Name	Dekalb Medical - Hillandale	Doctors - Columbus	Dodge County
1	base period report period beginning date	07/01/09	07/01/09	10/01/09
2	base period report period ending date	06/30/10	06/30/10	09/30/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>subject to cost settlement</u>			
9	cost of Medicaid covered services	1,337,004	910,216	597,978
10	covered charges	4,506,972	4,995,938	2,288,631
11	outpatient Medicaid ratio of costs to charges	0.296652	0.182191	0.261282
12	annual cost of Medicaid covered services	1,337,004	910,216	597,978
13	cost settlement rate	95.77%	95.77%	95.77%
14	annual Medicaid payments after cost settlement	1,280,448	871,714	572,684
15				
16	<u>subject to fixed fee payment</u>			
17	covered charges	652,464	752,088	378,700
18	payments	42,000	28,150	27,237
19	annual covered charges	652,464	752,088	378,700
20	annual interim payments	42,000	28,150	27,237
21	annual cost of services	193,555	137,024	98,947
22				
23	<u>subject to limit of inpatient rate</u>			
24	covered charges	37,403	866,921	0
25	payments	9,230	129,703	0
26	annual covered charges	37,403	866,921	0
27	annual interim payments	9,230	129,703	0
28	annual cost of services	11,096	157,945	0
29				
30	Medicaid annual payments	1,331,678	1,029,567	599,921
31	Cost of services - max annual payments for UPL	1,541,655	1,205,185	696,925
32				
33	<u>adjustment factor</u>			
34	inflation	1.032094	1.032094	1.020655
35				
36	adjusted Medicaid annual payments	1,374,417	1,062,610	612,312
37	adjusted maximum annual payments for UPL	1,591,132	1,243,864	711,320
38	annual facility specific UPL amount	216,715	181,254	99,008
39				
40	annual allocation of charge limit (if applicable)	216,715	181,254	99,008
41				
42	annual UPL amount after aggregate limit adjustments	433,430	362,508	198,016
43	UPL adjustment available for SFY2013	433,430	362,508	198,016
44	SFY2013 UPL adjustment - 1st - 3rd quarters	325,073	271,881	148,512
45	Intergovernmental transfer amount	111,304	93,092	50,850
46	Net funds amount	213,769	178,789	97,662

Georgia Department of Community Health

	Facility Name	Elbert Memorial	Emanuel Medical	Erlanger at Hutcheson
1	base period report period beginning date	07/01/09	07/01/09	10/01/09
2	base period report period ending date	06/30/10	06/30/10	09/30/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>subject to cost settlement</u>			
9	cost of Medicaid covered services	289,368	412,293	1,813,540
10	covered charges	992,070	1,633,574	7,621,520
11	outpatient Medicaid ratio of costs to charges	0.291681	0.252387	0.23795
12	annual cost of Medicaid covered services	289,368	412,293	1,813,540
13	cost settlement rate	95.77%	95.77%	95.77%
14	annual Medicaid payments after cost settlement	277,127	394,853	1,736,827
15				
16	<u>subject to fixed fee payment</u>			
17	covered charges	70,155	260,130	583,641
18	payments	5,450	17,000	35,021
19	annual covered charges	70,155	260,130	583,641
20	annual interim payments	5,450	17,000	35,021
21	annual cost of services	20,463	65,653	138,877
22				
23	<u>subject to limit of inpatient rate</u>			
24	covered charges	62,306	40,881	351,469
25	payments	13,335	8,623	58,439
26	annual covered charges	62,306	40,881	351,469
27	annual interim payments	13,335	8,623	58,439
28	annual cost of services	18,173	10,318	83,632
29				
30	Medicaid annual payments	295,912	420,476	1,830,287
31	Cost of services - max annual payments for UPL	328,004	488,264	2,036,049
32				
33	<u>adjustment factor</u>			
34	inflation	1.032094	1.032094	1.020655
35				
36	adjusted Medicaid annual payments	305,409	433,971	1,868,092
37	adjusted maximum annual payments for UPL	338,531	503,935	2,078,103
38	annual facility specific UPL amount	33,122	69,964	210,011
39				
40	annual allocation of charge limit (if applicable)	33,122	69,964	210,011
41				
42	annual UPL amount after aggregate limit adjustments	66,244	139,928	420,022
43	UPL adjustment available for SFY2013	66,244	139,928	420,022
44	SFY2013 UPL adjustment - 1st - 3rd quarters	49,683	104,946	315,017
45	Intergovernmental transfer amount	17,012	35,934	107,862
46	Net funds amount	32,671	69,012	207,155

Georgia Department of Community Health

	Facility Name	Evans Memorial	Floyd Medical	Grady General	Grady Memorial
1	base period report period beginning date	10/01/09	07/01/09	10/01/09	01/01/10
2	base period report period ending date	09/30/10	06/30/10	09/30/10	12/31/10
3					
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
5					
6	CAH status (1 = yes)	0	0	0	0
7					
8	<u>subject to cost settlement</u>				
9	cost of Medicaid covered services	266,450	3,639,067	366,062	11,053,102
10	covered charges	1,110,324	17,792,109	1,115,580	35,531,242
11	outpatient Medicaid ratio of costs to charges	0.239975	0.204533	0.328136	0.311081
12	annual cost of Medicaid covered services	266,450	3,639,067	366,062	11,053,102
13	cost settlement rate	95.77%	95.77%	95.77%	95.77%
14	annual Medicaid payments after cost settlement	255,179	3,485,134	350,578	10,585,556
15					
16	<u>subject to fixed fee payment</u>				
17	covered charges	77,385	876,566	62,260	1,945,550
18	payments	5,343	60,011	6,637	83,115
19	annual covered charges	77,385	876,566	62,260	1,945,550
20	annual interim payments	5,343	60,011	6,637	83,115
21	annual cost of services	18,570	179,287	20,430	605,224
22					
23	<u>subject to limit of inpatient rate</u>				
24	covered charges	0	3,238,476	0	11,218,753
25	payments	0	423,399	0	2,936,382
26	annual covered charges	0	3,238,476	0	11,218,753
27	annual interim payments	0	423,399	0	2,936,382
28	annual cost of services	0	662,375	0	3,489,941
29					
30	Medicaid annual payments	260,522	3,968,544	357,215	13,605,053
31	Cost of services - max annual payments for UPL	285,020	4,480,729	386,492	15,148,267
32					
33	<u>adjustment factor</u>				
34	inflation	1.020655	1.032094	1.020655	1.022716
35					
36	adjusted Medicaid annual payments	265,903	4,095,910	364,593	13,914,105
37	adjusted maximum annual payments for UPL	290,907	4,624,533	394,475	15,492,375
38	annual facility specific UPL amount	25,004	528,623	29,882	1,578,270
39					
40	annual allocation of charge limit (if applicable)	25,004	528,623	29,882	1,578,270
41					
42	annual UPL amount after aggregate limit adjustments	50,008	1,057,246	59,764	3,156,540
43	UPL adjustment available for SFY2013	50,008	1,057,246	59,764	3,156,540
44	SFY2013 UPL adjustment - 1st - 3rd quarters	37,506	792,935	44,823	2,367,405
45	Intergovernmental transfer amount	12,843	271,501	15,348	810,599
46	Net funds amount	24,663	521,434	29,475	1,556,806

Georgia Department of Community Health

	Facility Name	Gwinnett - Duluth	Gwinnett - Lawrenceville	Habersham Medical
1	base period report period beginning date	07/01/09	07/01/09	07/01/09
2	base period report period ending date	06/30/10	06/30/10	06/30/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>subject to cost settlement</u>			
9	cost of Medicaid covered services	738,091	3,660,054	537,310
10	covered charges	3,572,550	14,274,960	1,575,645
11	outpatient Medicaid ratio of costs to charges	0.206601	0.256397	0.34101
12	annual cost of Medicaid covered services	738,091	3,660,054	537,310
13	cost settlement rate	95.77%	95.77%	95.77%
14	annual Medicaid payments after cost settlement	706,870	3,505,234	514,582
15				
16	<u>subject to fixed fee payment</u>			
17	covered charges	217,851	655,345	146,257
18	payments	9,200	32,550	17,050
19	annual covered charges	217,851	655,345	146,257
20	annual interim payments	9,200	32,550	17,050
21	annual cost of services	45,008	168,028	49,875
22				
23	<u>subject to limit of inpatient rate</u>			
24	covered charges	148,380	843,962	0
25	payments	25,685	200,404	0
26	annual covered charges	148,380	843,962	0
27	annual interim payments	25,685	200,404	0
28	annual cost of services	30,655	216,389	0
29				
30	Medicaid annual payments	741,755	3,738,188	531,632
31	Cost of services - max annual payments for UPL	813,754	4,044,471	587,185
32				
33	<u>adjustment factor</u>			
34	inflation	1.032094	1.032094	1.032094
35				
36	adjusted Medicaid annual payments	765,561	3,858,161	548,694
37	adjusted maximum annual payments for UPL	839,871	4,174,274	606,030
38	annual facility specific UPL amount	74,310	316,113	57,336
39				
40	annual allocation of charge limit (if applicable)	74,310	316,113	57,336
41				
42	annual UPL amount after aggregate limit adjustments	148,620	632,226	114,672
43	UPL adjustment available for SFY2013	148,620	632,226	114,672
44	SFY2013 UPL adjustment - 1st - 3rd quarters	111,465	474,170	86,004
45	Intergovernmental transfer amount	38,165	162,356	29,447
46	Net funds amount	73,300	311,814	56,557

Georgia Department of Community Health

	Facility Name	Houston Medical	Hughston Hospital	Irwin County
1	base period report period beginning date	01/01/10	07/01/09	12/01/09
2	base period report period ending date	12/31/10	06/30/10	11/30/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>subject to cost settlement</u>			
9	cost of Medicaid covered services	2,042,417	32,703	331,712
10	covered charges	7,045,042	161,446	1,356,803
11	outpatient Medicaid ratio of costs to charges	0.289908	0.202565	0.244481
12	annual cost of Medicaid covered services	2,042,417	32,703	331,712
13	cost settlement rate	95.77%	95.77%	95.77%
14	annual Medicaid payments after cost settlement	1,956,023	31,320	317,681
15				
16	<u>subject to fixed fee payment</u>			
17	covered charges	474,297	0	39,014
18	payments	40,443	0	5,226
19	annual covered charges	474,297	0	39,014
20	annual interim payments	40,443	0	5,226
21	annual cost of services	137,502	-	9,538
22				
23	<u>subject to limit of inpatient rate</u>			
24	covered charges	766,460	24,442	163,993
25	payments	204,199	4,756	36,713
26	annual covered charges	766,460	24,442	163,993
27	annual interim payments	204,199	4,756	36,713
28	annual cost of services	222,203	4,951	40,093
29				
30	Medicaid annual payments	2,200,665	36,076	359,620
31	Cost of services - max annual payments for UPL	2,402,122	37,654	381,343
32				
33	<u>adjustment factor</u>			
34	inflation	1.022716	1.032094	1.022028
35				
36	adjusted Medicaid annual payments	2,250,655	37,234	367,542
37	adjusted maximum annual payments for UPL	2,456,689	38,863	389,743
38	annual facility specific UPL amount	206,034	1,629	22,201
39				
40	annual allocation of charge limit (if applicable)	206,034	1,629	22,201
41				
42	annual UPL amount after aggregate limit adjustments	412,068	3,258	44,402
43	UPL adjustment available for SFY2013	412,068	3,258	44,402
44	SFY2013 UPL adjustment - 1st - 3rd quarters	309,051	2,444	33,302
45	Intergovernmental transfer amount	105,819	838	11,402
46	Net funds amount	203,232	1,606	21,900

Georgia Department of Community Health

	Facility Name	Jefferson Hospital	Mayo Clinic Health	Meadows Regional
1	base period report period beginning date	01/01/10	01/01/10	07/01/09
2	base period report period ending date	12/31/10	12/31/10	06/30/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>subject to cost settlement</u>			
9	cost of Medicaid covered services	254,851	3,652,599	1,124,330
10	covered charges	574,722	10,908,360	7,133,393
11	outpatient Medicaid ratio of costs to charges	0.443434	0.334844	0.157615
12	annual cost of Medicaid covered services	254,851	3,652,599	1,124,330
13	cost settlement rate	95.77%	95.77%	95.77%
14	annual Medicaid payments after cost settlement	244,071	3,498,094	1,076,771
15				
16	<u>subject to fixed fee payment</u>			
17	covered charges	67,916	608,012	817,832
18	payments	8,476	46,907	43,450
19	annual covered charges	67,916	608,012	817,832
20	annual interim payments	8,476	46,907	43,450
21	annual cost of services	30,116	203,589	128,903
22				
23	<u>subject to limit of inpatient rate</u>			
24	covered charges	0	644,127	357,356
25	payments	0	109,985	50,555
26	annual covered charges	0	644,127	357,356
27	annual interim payments	0	109,985	50,555
28	annual cost of services	0	215,682	56,325
29				
30	Medicaid annual payments	252,547	3,654,986	1,170,776
31	Cost of services - max annual payments for UPL	284,967	4,071,870	1,309,558
32				
33	<u>adjustment factor</u>			
34	inflation	1.022716	1.022716	1.032094
35				
36	adjusted Medicaid annual payments	258,284	3,738,013	1,208,351
37	adjusted maximum annual payments for UPL	291,441	4,164,366	1,351,587
38	annual facility specific UPL amount	33,157	426,353	143,236
39				
40	annual allocation of charge limit (if applicable)	33,157	426,353	143,236
41				
42	annual UPL amount after aggregate limit adjustments	66,314	852,706	286,472
43	UPL adjustment available for SFY2013	66,314	852,706	286,472
44	SFY2013 UPL adjustment - 1st - 3rd quarters	49,736	639,530	214,854
45	Intergovernmental transfer amount	17,030	218,975	73,566
46	Net funds amount	32,706	420,555	141,288

Georgia Department of Community Health

	Facility Name	Medical CCG	Memorial Health	Memorial - Bainbridge
1	base period report period beginning date	10/01/09	01/01/10	04/01/09
2	base period report period ending date	09/30/10	12/31/10	03/31/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>subject to cost settlement</u>			
9	cost of Medicaid covered services	7,174,283	4,679,489	488,584
10	covered charges	26,153,558	22,038,471	1,374,395
11	outpatient Medicaid ratio of costs to charges	0.274314	0.212333	0.35549
12	annual cost of Medicaid covered services	7,174,283	4,679,489	488,584
13	cost settlement rate	95.77%	95.77%	95.77%
14	annual Medicaid payments after cost settlement	6,870,811	4,481,547	467,917
15				
16	<u>subject to fixed fee payment</u>			
17	covered charges	967,914	530,768	80,943
18	payments	47,193	40,340	11,988
19	annual covered charges	967,914	530,768	80,943
20	annual interim payments	47,193	40,340	11,988
21	annual cost of services	265,512	112,700	28,774
22				
23	<u>subject to limit of inpatient rate</u>			
24	covered charges	6,691,197	5,680,545	0
25	payments	1,031,160	849,222	0
26	annual covered charges	6,691,197	5,680,545	0
27	annual interim payments	1,031,160	849,222	0
28	annual cost of services	1,835,489	1,206,167	0
29				
30	Medicaid annual payments	7,949,164	5,371,109	479,905
31	Cost of services - max annual payments for UPL	9,275,284	5,998,356	517,358
32				
33	<u>adjustment factor</u>			
34	inflation	1.020655	1.022716	1.045408
35				
36	adjusted Medicaid annual payments	8,113,354	5,493,119	501,697
37	adjusted maximum annual payments for UPL	9,466,865	6,134,615	540,851
38	annual facility specific UPL amount	1,353,511	641,496	39,154
39				
40	annual allocation of charge limit (if applicable)	1,353,511	641,496	39,154
41				
42	annual UPL amount after aggregate limit adjustments	2,707,022	1,282,992	78,308
43	UPL adjustment available for SFY2013	2,707,022	1,282,992	78,308
44	SFY2013 UPL adjustment - 1st - 3rd quarters	2,030,267	962,244	58,731
45	Intergovernmental transfer amount	695,164	329,473	20,109
46	Net funds amount	1,335,103	632,771	38,622

Georgia Department of Community Health

	Facility Name	Murray Medical	Newton Medical	Northeast GA
1	base period report period beginning date	10/01/09	01/01/10	10/01/09
2	base period report period ending date	09/30/10	12/31/10	09/30/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>subject to cost settlement</u>			
9	cost of Medicaid covered services	464,143	1,663,237	4,131,056
10	covered charges	1,743,267	6,597,022	18,422,738
11	outpatient Medicaid ratio of costs to charges	0.266249	0.252119	0.224237
12	annual cost of Medicaid covered services	464,143	1,663,237	4,131,056
13	cost settlement rate	95.77%	95.77%	95.77%
14	annual Medicaid payments after cost settlement	444,509	1,592,883	3,956,312
15				
16	<u>subject to fixed fee payment</u>			
17	covered charges	168,715	568,222	826,339
18	payments	11,995	33,485	41,124
19	annual covered charges	168,715	568,222	826,339
20	annual interim payments	11,995	33,485	41,124
21	annual cost of services	44,920	143,260	185,296
22				
23	<u>subject to limit of inpatient rate</u>			
24	covered charges	0	106,168	4,921,851
25	payments	0	22,740	678,753
26	annual covered charges	0	106,168	4,921,851
27	annual interim payments	0	22,740	678,753
28	annual cost of services	0	26,767	1,103,661
29				
30	Medicaid annual payments	456,504	1,649,108	4,676,189
31	Cost of services - max annual payments for UPL	509,063	1,833,264	5,420,013
32				
33	<u>adjustment factor</u>			
34	inflation	1.020655	1.022716	1.020655
35				
36	adjusted Medicaid annual payments	465,933	1,686,569	4,772,776
37	adjusted maximum annual payments for UPL	519,577	1,874,909	5,531,963
38	annual facility specific UPL amount	53,644	188,340	759,187
39				
40	annual allocation of charge limit (if applicable)	53,644	188,340	759,187
41				
42	annual UPL amount after aggregate limit adjustments	107,288	376,680	1,518,374
43	UPL adjustment available for SFY2013	107,288	376,680	1,518,374
44	SFY2013 UPL adjustment - 1st - 3rd quarters	80,466	282,510	1,138,781
45	Intergovernmental transfer amount	27,551	96,731	389,918
46	Net funds amount	52,915	185,779	748,863

Georgia Department of Community Health

	Facility Name	Northside - Cherokee	Northside - Forsyth	Northside Hospital
1	base period report period beginning date	10/01/09	10/01/09	10/01/09
2	base period report period ending date	09/30/10	09/30/10	09/30/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>subject to cost settlement</u>			
9	cost of Medicaid covered services	782,962	991,332	1,950,073
10	covered charges	4,238,683	5,702,552	8,762,723
11	outpatient Medicaid ratio of costs to charges	0.184718	0.17384	0.222542
12	annual cost of Medicaid covered services	782,962	991,332	1,950,073
13	cost settlement rate	95.77%	95.77%	95.77%
14	annual Medicaid payments after cost settlement	749,843	949,399	1,867,585
15				
16	<u>subject to fixed fee payment</u>			
17	covered charges	423,736	518,819	358,452
18	payments	21,557	20,868	12,695
19	annual covered charges	423,736	518,819	358,452
20	annual interim payments	21,557	20,868	12,695
21	annual cost of services	78,272	90,191	79,771
22				
23	<u>subject to limit of inpatient rate</u>			
24	covered charges	1,042,219	1,237,433	1,790,826
25	payments	88,031	177,892	286,212
26	annual covered charges	1,042,219	1,237,433	1,790,826
27	annual interim payments	88,031	177,892	286,212
28	annual cost of services	192,517	215,115	398,534
29				
30	Medicaid annual payments	859,431	1,148,159	2,166,492
31	Cost of services - max annual payments for UPL	1,053,751	1,296,638	2,428,378
32				
33	<u>adjustment factor</u>			
34	inflation	1.020655	1.020655	1.020655
35				
36	adjusted Medicaid annual payments	877,183	1,171,874	2,211,241
37	adjusted maximum annual payments for UPL	1,075,516	1,323,420	2,478,536
38	annual facility specific UPL amount	198,333	151,546	267,295
39				
40	annual allocation of charge limit (if applicable)	198,333	151,546	267,295
41				
42	annual UPL amount after aggregate limit adjustments	396,666	303,092	534,590
43	UPL adjustment available for SFY2013	396,666	303,092	534,590
44	SFY2013 UPL adjustment - 1st - 3rd quarters	297,500	227,319	400,943
45	Intergovernmental transfer amount	101,864	77,834	137,282
46	Net funds amount	195,636	149,485	263,661

Georgia Department of Community Health

	Facility Name	Oconee Regional	Perry Hospital	Phoebe Dorminy
1	base period report period beginning date	10/01/09	01/01/10	08/01/09
2	base period report period ending date	09/30/10	12/31/10	07/31/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>subject to cost settlement</u>			
9	cost of Medicaid covered services	1,007,361	333,472	490,778
10	covered charges	3,332,005	1,201,598	1,425,171
11	outpatient Medicaid ratio of costs to charges	0.302329	0.277524	0.344365
12	annual cost of Medicaid covered services	1,007,361	333,472	490,778
13	cost settlement rate	95.77%	95.77%	95.77%
14	annual Medicaid payments after cost settlement	964,749	319,366	470,018
15				
16	<u>subject to fixed fee payment</u>			
17	covered charges	254,029	65,893	144,306
18	payments	25,803	6,828	16,359
19	annual covered charges	254,029	65,893	144,306
20	annual interim payments	25,803	6,828	16,359
21	annual cost of services	76,800	18,287	49,694
22				
23	<u>subject to limit of inpatient rate</u>			
24	covered charges	293,828	0	77,573
25	payments	70,370	0	12,900
26	annual covered charges	293,828	0	77,573
27	annual interim payments	70,370	0	12,900
28	annual cost of services	88,833	0	26,713
29				
30	Medicaid annual payments	1,060,922	326,194	499,277
31	Cost of services - max annual payments for UPL	1,172,994	351,759	567,185
32				
33	<u>adjustment factor</u>			
34	inflation	1.020655	1.022716	1.028252
35				
36	adjusted Medicaid annual payments	1,082,835	333,604	513,383
37	adjusted maximum annual payments for UPL	1,197,222	359,750	583,210
38	annual facility specific UPL amount	114,387	26,146	69,827
39				
40	annual allocation of charge limit (if applicable)	114,387	26,146	69,827
41				
42	annual UPL amount after aggregate limit adjustments	228,774	52,292	139,654
43	UPL adjustment available for SFY2013	228,774	52,292	139,654
44	SFY2013 UPL adjustment - 1st - 3rd quarters	171,581	39,219	104,741
45	Intergovernmental transfer amount	58,748	13,428	35,863
46	Net funds amount	112,833	25,791	68,878

Georgia Department of Community Health

	Facility Name	Phoebe Putney	Phoebe Sumter	South Georgia
1	base period report period beginning date	08/01/09	07/01/09	10/01/09
2	base period report period ending date	07/31/10	07/31/10	09/30/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	0.9217	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>subject to cost settlement</u>			
9	cost of Medicaid covered services	6,616,577	1,077,708	3,259,945
10	covered charges	22,795,746	3,760,600	7,153,739
11	outpatient Medicaid ratio of costs to charges	0.290255	0.286579	0.455698
12	annual cost of Medicaid covered services	6,616,577	993,342	3,259,945
13	cost settlement rate	95.77%	95.77%	95.77%
14	annual Medicaid payments after cost settlement	6,336,696	951,324	3,122,049
15				
16	<u>subject to fixed fee payment</u>			
17	covered charges	785,151	422,727	513,271
18	payments	38,102	30,388	52,282
19	annual covered charges	785,151	389,635	513,271
20	annual interim payments	38,102	28,009	52,282
21	annual cost of services	227,894	111,661	233,897
22				
23	<u>subject to limit of inpatient rate</u>			
24	covered charges	6,480,239	549,413	3,495,954
25	payments	879,771	101,612	642,302
26	annual covered charges	6,480,239	506,403	3,495,954
27	annual interim payments	879,771	93,658	642,302
28	annual cost of services	1,880,922	145,124	1,593,099
29				
30	Medicaid annual payments	7,254,569	1,072,991	3,816,633
31	Cost of services - max annual payments for UPL	8,725,393	1,250,127	5,086,941
32				
33	<u>adjustment factor</u>			
34	inflation	1.028252	1.028252	1.020655
35				
36	adjusted Medicaid annual payments	7,459,525	1,103,305	3,895,466
37	adjusted maximum annual payments for UPL	8,971,903	1,285,446	5,192,012
38	annual facility specific UPL amount	1,512,378	182,141	1,296,546
39				
40	annual allocation of charge limit (if applicable)	1,512,378	182,141	1,296,546
41				
42	annual UPL amount after aggregate limit adjustments	3,024,756	364,282	2,593,092
43	UPL adjustment available for SFY2013	3,024,756	364,282	2,593,092
44	SFY2013 UPL adjustment - 1st - 3rd quarters	2,268,567	273,212	1,944,819
45	Intergovernmental transfer amount	776,756	93,548	665,906
46	Net funds amount	1,491,811	179,664	1,278,913

Georgia Department of Community Health

	Facility Name	Southeast GA - Brunswick	Southeast GA - Camden
1	base period report period beginning date	05/01/09	05/01/09
2	base period report period ending date	04/30/10	04/30/10
3			
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
5			
6	CAH status (1 = yes)	0	0
7			
8	<u>subject to cost settlement</u>		
9	cost of Medicaid covered services	1,831,890	563,377
10	covered charges	6,525,159	1,518,269
11	outpatient Medicaid ratio of costs to charges	0.280743	0.371065
12	annual cost of Medicaid covered services	1,831,890	563,377
13	cost settlement rate	95.77%	95.77%
14	annual Medicaid payments after cost settlement	1,754,401	539,546
15			
16	<u>subject to fixed fee payment</u>		
17	covered charges	384,919	125,467
18	payments	32,750	12,400
19	annual covered charges	384,919	125,467
20	annual interim payments	32,750	12,400
21	annual cost of services	108,063	46,556
22			
23	<u>subject to limit of inpatient rate</u>		
24	covered charges	676,586	33,789
25	payments	125,208	8,867
26	annual covered charges	676,586	33,789
27	annual interim payments	125,208	8,867
28	annual cost of services	189,947	12,538
29			
30	Medicaid annual payments	1,912,359	560,813
31	Cost of services - max annual payments for UPL	2,129,900	622,471
32			
33	<u>adjustment factor</u>		
34	inflation	1.040932	1.040932
35			
36	adjusted Medicaid annual payments	1,990,636	583,768
37	adjusted maximum annual payments for UPL	2,217,081	647,950
38	annual facility specific UPL amount	226,445	64,182
39			
40	annual allocation of charge limit (if applicable)	226,445	64,182
41			
42	annual UPL amount after aggregate limit adjustments	452,890	128,364
43	UPL adjustment available for SFY2013	452,890	128,364
44	SFY2013 UPL adjustment - 1st - 3rd quarters	339,668	96,273
45	Intergovernmental transfer amount	116,302	32,964
46	Net funds amount	223,366	63,309

Georgia Department of Community Health

	Facility Name	Southern Regional	Stephens County
1	base period report period beginning date	07/01/09	10/01/09
2	base period report period ending date	06/30/10	09/30/10
3			
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
5			
6	CAH status (1 = yes)	0	0
7			
8	<u>subject to cost settlement</u>		
9	cost of Medicaid covered services	3,275,683	987,434
10	covered charges	13,976,588	2,384,422
11	outpatient Medicaid ratio of costs to charges	0.234369	0.414119
12	annual cost of Medicaid covered services	3,275,683	987,434
13	cost settlement rate	95.77%	95.77%
14	annual Medicaid payments after cost settlement	3,137,121	945,666
15			
16	<u>subject to fixed fee payment</u>		
17	covered charges	1,152,080	162,269
18	payments	69,450	21,006
19	annual covered charges	1,152,080	162,269
20	annual interim payments	69,450	21,006
21	annual cost of services	270,012	67,199
22			
23	<u>subject to limit of inpatient rate</u>		
24	covered charges	2,341,305	66,847
25	payments	353,714	23,428
26	annual covered charges	2,341,305	66,847
27	annual interim payments	353,714	23,428
28	annual cost of services	548,729	27,683
29			
30	Medicaid annual payments	3,560,285	990,100
31	Cost of services - max annual payments for UPL	4,094,424	1,082,316
32			
33	<u>adjustment factor</u>		
34	inflation	1.032094	1.020655
35			
36	adjusted Medicaid annual payments	3,674,549	1,010,551
37	adjusted maximum annual payments for UPL	4,225,830	1,104,672
38	annual facility specific UPL amount	551,281	94,121
39			
40	annual allocation of charge limit (if applicable)	551,281	94,121
41			
42	annual UPL amount after aggregate limit adjustments	1,102,562	188,242
43	UPL adjustment available for SFY2013	1,102,562	188,242
44	SFY2013 UPL adjustment - 1st - 3rd quarters	826,922	141,182
45	Intergovernmental transfer amount	283,139	48,341
46	Net funds amount	543,783	92,841

Georgia Department of Community Health

	Facility Name	Tanner Med Ctr - Carrollton	Tanner Med Ctr - Villa Rica
1	base period report period beginning date	07/01/09	07/01/09
2	base period report period ending date	06/30/10	06/30/10
3			
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000
5			
6	CAH status (1 = yes)	0	0
7			
8	<u>subject to cost settlement</u>		
9	cost of Medicaid covered services	2,786,704	2,122,709
10	covered charges	10,232,280	5,619,402
11	outpatient Medicaid ratio of costs to charges	0.272344	0.377746
12	annual cost of Medicaid covered services	2,786,704	2,122,709
13	cost settlement rate	95.77%	95.77%
14	annual Medicaid payments after cost settlement	2,668,827	2,032,919
15			
16	<u>subject to fixed fee payment</u>		
17	covered charges	420,995	321,574
18	payments	31,138	28,917
19	annual covered charges	420,995	321,574
20	annual interim payments	31,138	28,917
21	annual cost of services	114,655	121,473
22			
23	<u>subject to limit of inpatient rate</u>		
24	covered charges	1,485,396	153,015
25	payments	262,181	34,125
26	annual covered charges	1,485,396	153,015
27	annual interim payments	262,181	34,125
28	annual cost of services	404,539	57,801
29			
30	Medicaid annual payments	2,962,146	2,095,961
31	Cost of services - max annual payments for UPL	3,305,898	2,301,983
32			
33	<u>adjustment factor</u>		
34	inflation	1.032094	1.032094
35			
36	adjusted Medicaid annual payments	3,057,213	2,163,229
37	adjusted maximum annual payments for UPL	3,411,998	2,375,863
38	annual facility specific UPL amount	354,785	212,634
39			
40	annual allocation of charge limit (if applicable)	354,785	212,634
41			
42	annual UPL amount after aggregate limit adjustments	709,570	425,268
43	UPL adjustment available for SFY2013	709,570	425,268
44	SFY2013 UPL adjustment - 1st - 3rd quarters	532,178	318,951
45	Intergovernmental transfer amount	182,218	109,210
46	Net funds amount	349,960	209,741

Georgia Department of Community Health

	Facility Name	The Medical Center	Tift Regional	Union General
1	base period report period beginning date	07/01/09	10/01/09	05/01/09
2	base period report period ending date	06/30/10	09/30/10	04/30/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>subject to cost settlement</u>			
9	cost of Medicaid covered services	4,637,411	1,920,057	274,273
10	covered charges	15,717,550	7,811,788	880,036
11	outpatient Medicaid ratio of costs to charges	0.295047	0.24579	0.311661
12	annual cost of Medicaid covered services	4,637,411	1,920,057	274,273
13	cost settlement rate	95.77%	95.77%	95.77%
14	annual Medicaid payments after cost settlement	4,441,249	1,838,838	262,671
15				
16	<u>subject to fixed fee payment</u>			
17	covered charges	593,307	587,743	80,499
18	payments	36,153	41,695	9,225
19	annual covered charges	593,307	587,743	80,499
20	annual interim payments	36,153	41,695	9,225
21	annual cost of services	175,053	144,461	25,088
22				
23	<u>subject to limit of inpatient rate</u>			
24	covered charges	5,179,010	1,904,449	0
25	payments	930,154	252,786	0
26	annual covered charges	5,179,010	1,904,449	0
27	annual interim payments	930,154	252,786	0
28	annual cost of services	1,528,051	468,095	0
29				
30	Medicaid annual payments	5,407,556	2,133,319	271,896
31	Cost of services - max annual payments for UPL	6,340,515	2,532,613	299,361
32				
33	<u>adjustment factor</u>			
34	inflation	1.032094	1.020655	1.040932
35				
36	adjusted Medicaid annual payments	5,581,106	2,177,383	283,025
37	adjusted maximum annual payments for UPL	6,544,008	2,584,924	311,615
38	annual facility specific UPL amount	962,902	407,541	28,590
39				
40	annual allocation of charge limit (if applicable)	962,902	407,541	28,590
41				
42	annual UPL amount after aggregate limit adjustments	1,925,804	815,082	57,180
43	UPL adjustment available for SFY2013	1,925,804	815,082	57,180
44	SFY2013 UPL adjustment - 1st - 3rd quarters	1,444,353	611,312	42,885
45	Intergovernmental transfer amount	494,547	209,314	14,683
46	Net funds amount	949,806	401,998	28,202

Georgia Department of Community Health

	Facility Name	University Hospital	University Hospital McDuffie	Upson Regional
1	base period report period beginning date	01/01/10	10/01/09	01/01/10
2	base period report period ending date	12/31/10	09/30/10	12/31/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>subject to cost settlement</u>			
9	cost of Medicaid covered services	3,056,062	559,071	1,474,053
10	covered charges	9,514,694	1,817,380	7,854,106
11	outpatient Medicaid ratio of costs to charges	0.321194	0.307625	0.187679
12	annual cost of Medicaid covered services	3,056,062	559,071	1,474,053
13	cost settlement rate	95.77%	95.77%	95.77%
14	annual Medicaid payments after cost settlement	2,926,790	535,422	1,411,700
15				
16	<u>subject to fixed fee payment</u>			
17	covered charges	325,433	129,701	640,896
18	payments	29,475	9,861	30,854
19	annual covered charges	325,433	129,701	640,896
20	annual interim payments	29,475	9,861	30,854
21	annual cost of services	104,527	39,899	120,283
22				
23	<u>subject to limit of inpatient rate</u>			
24	covered charges	1,245,946	26,410	451,141
25	payments	151,729	5,090	81,670
26	annual covered charges	1,245,946	26,410	451,141
27	annual interim payments	151,729	5,090	81,670
28	annual cost of services	400,190	8,124	84,670
29				
30	Medicaid annual payments	3,107,994	550,373	1,524,224
31	Cost of services - max annual payments for UPL	3,560,779	607,094	1,679,006
32				
33	<u>adjustment factor</u>			
34	inflation	1.022716	1.020655	1.022716
35				
36	adjusted Medicaid annual payments	3,178,595	561,741	1,558,848
37	adjusted maximum annual payments for UPL	3,641,665	619,633	1,717,146
38	annual facility specific UPL amount	463,070	57,892	158,298
39				
40	annual allocation of charge limit (if applicable)	463,070	57,892	158,298
41				
42	annual UPL amount after aggregate limit adjustments	926,140	115,784	316,596
43	UPL adjustment available for SFY2013	926,140	115,784	316,596
44	SFY2013 UPL adjustment - 1st - 3rd quarters	694,605	86,838	237,447
45	Intergovernmental transfer amount	237,833	29,733	81,302
46	Net funds amount	456,772	57,105	156,145

Georgia Department of Community Health

	Facility Name	Washington County	Wayne Memorial	WellStar Cobb
1	base period report period beginning date	09/01/09	07/01/09	07/01/09
2	base period report period ending date	08/31/10	06/30/10	06/30/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>subject to cost settlement</u>			
9	cost of Medicaid covered services	369,351	829,330	2,824,471
10	covered charges	969,830	3,001,362	13,813,910
11	outpatient Medicaid ratio of costs to charges	0.380841	0.276318	0.204466
12	annual cost of Medicaid covered services	369,351	829,330	2,824,471
13	cost settlement rate	95.77%	95.77%	95.77%
14	annual Medicaid payments after cost settlement	353,727	794,249	2,704,996
15				
16	<u>subject to fixed fee payment</u>			
17	covered charges	38,188	287,685	968,133
18	payments	5,944	28,331	60,949
19	annual covered charges	38,188	287,685	968,133
20	annual interim payments	5,944	28,331	60,949
21	annual cost of services	14,544	79,493	197,950
22				
23	<u>subject to limit of inpatient rate</u>			
24	covered charges	41,616	443,086	1,655,920
25	payments	7,505	107,603	198,028
26	annual covered charges	41,616	443,086	1,655,920
27	annual interim payments	7,505	107,603	198,028
28	annual cost of services	15,849	122,433	338,579
29				
30	Medicaid annual payments	367,176	930,183	2,963,973
31	Cost of services - max annual payments for UPL	399,744	1,031,256	3,361,000
32				
33	<u>adjustment factor</u>			
34	inflation	1.02444	1.032094	1.032094
35				
36	adjusted Medicaid annual payments	376,150	960,036	3,059,099
37	adjusted maximum annual payments for UPL	409,514	1,064,353	3,468,868
38	annual facility specific UPL amount	33,364	104,317	409,769
39				
40	annual allocation of charge limit (if applicable)	33,364	104,317	409,769
41				
42	annual UPL amount after aggregate limit adjustments	66,728	208,634	819,538
43	UPL adjustment available for SFY2013	66,728	208,634	819,538
44	SFY2013 UPL adjustment - 1st - 3rd quarters	50,046	156,476	614,654
45	Intergovernmental transfer amount	17,135	53,576	210,457
46	Net funds amount	32,911	102,900	404,197

Georgia Department of Community Health

	Facility Name	Wellstar Douglas	WellStar Kennestone	WellStar Paulding
1	base period report period beginning date	07/01/09	07/01/09	07/01/09
2	base period report period ending date	06/30/10	06/30/10	06/30/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>subject to cost settlement</u>			
9	cost of Medicaid covered services	1,215,375	3,035,776	641,737
10	covered charges	6,259,094	16,506,177	3,556,853
11	outpatient Medicaid ratio of costs to charges	0.194177	0.183918	0.180423
12	annual cost of Medicaid covered services	1,215,375	3,035,776	641,737
13	cost settlement rate	95.77%	95.77%	95.77%
14	annual Medicaid payments after cost settlement	1,163,965	2,907,363	614,592
15				
16	<u>subject to fixed fee payment</u>			
17	covered charges	446,059	541,811	324,145
18	payments	35,150	27,384	25,184
19	annual covered charges	446,059	541,811	324,145
20	annual interim payments	35,150	27,384	25,184
21	annual cost of services	86,614	99,649	58,483
22				
23	<u>subject to limit of inpatient rate</u>			
24	covered charges	218,789	4,172,601	31,019
25	payments	36,793	433,762	4,661
26	annual covered charges	218,789	4,172,601	31,019
27	annual interim payments	36,793	433,762	4,661
28	annual cost of services	42,484	767,416	5,597
29				
30	Medicaid annual payments	1,235,908	3,368,509	644,437
31	Cost of services - max annual payments for UPL	1,344,473	3,902,841	705,817
32				
33	<u>adjustment factor</u>			
34	inflation	1.032094	1.032094	1.032094
35				
36	adjusted Medicaid annual payments	1,275,573	3,476,618	665,120
37	adjusted maximum annual payments for UPL	1,387,623	4,028,099	728,470
38	annual facility specific UPL amount	112,050	551,481	63,350
39				
40	annual allocation of charge limit (if applicable)	112,050	551,481	63,350
41				
42	annual UPL amount after aggregate limit adjustments	224,100	1,102,962	126,700
43	UPL adjustment available for SFY2013	224,100	1,102,962	126,700
44	SFY2013 UPL adjustment - 1st - 3rd quarters	168,075	827,222	95,025
45	Intergovernmental transfer amount	57,549	283,241	32,537
46	Net funds amount	110,526	543,981	62,488

Georgia Department of Community Health

	Facility Name	WellStar Windy Hill	Piedmont Henry	West Georgia
1	base period report period beginning date	07/01/09	07/01/09	10/01/09
2	base period report period ending date	06/30/10	06/30/10	09/30/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	0	0	0
7				
8	<u>subject to cost settlement</u>			
9	cost of Medicaid covered services	251,290	1,152,116	1,329,741
10	covered charges	720,447	5,808,688	5,897,259
11	outpatient Medicaid ratio of costs to charges	0.348797	0.198344	0.225485
12	annual cost of Medicaid covered services	251,290	1,152,116	1,329,741
13	cost settlement rate	95.77%	95.77%	95.77%
14	annual Medicaid payments after cost settlement	240,660	1,103,381	1,273,493
15				
16	<u>subject to fixed fee payment</u>			
17	covered charges	0	572,118	466,944
18	payments	0	35,000	47,175
19	annual covered charges	0	572,118	466,944
20	annual interim payments	0	35,000	47,175
21	annual cost of services	-	113,476	105,289
22				
23	<u>subject to limit of inpatient rate</u>			
24	covered charges	305,002	722,137	362,664
25	payments	65,229	48,823	67,159
26	annual covered charges	305,002	722,137	362,664
27	annual interim payments	65,229	48,823	67,159
28	annual cost of services	106,384	143,232	81,775
29				
30	Medicaid annual payments	305,889	1,187,204	1,387,827
31	Cost of services - max annual payments for UPL	357,674	1,408,824	1,516,805
32				
33	<u>adjustment factor</u>			
34	inflation	1.032094	1.032094	1.020655
35				
36	adjusted Medicaid annual payments	315,706	1,225,306	1,416,493
37	adjusted maximum annual payments for UPL	369,153	1,454,038	1,548,135
38	annual facility specific UPL amount	53,447	228,732	131,642
39				
40	annual allocation of charge limit (if applicable)	53,447	228,732	131,642
41				
42	annual UPL amount after aggregate limit adjustments	106,894	457,464	263,284
43	UPL adjustment available for SFY2013	106,894	457,464	263,284
44	SFY2013 UPL adjustment - 1st - 3rd quarters	80,171	343,098	197,463
45	Intergovernmental transfer amount	27,451	117,477	67,612
46	Net funds amount	52,720	225,621	129,851

Georgia Department of Community Health

	Facility Name	Bacon County	Bleckley Memorial	Brooks County
1	base period report period beginning date	07/01/09	04/01/09	10/01/09
2	base period report period ending date	06/30/10	03/31/10	09/30/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	1	1	1
7				
8	<u>subject to cost settlement</u>			
9	cost of Medicaid covered services	302,520	171,354	226,718
10	covered charges	860,507	166,164	683,766
11	outpatient Medicaid ratio of costs to charges	0.351561	1.031233	0.331572
12	annual cost of Medicaid covered services	302,520	171,354	226,718
13	cost settlement rate	100.00%	100.00%	100.00%
14	annual Medicaid payments after cost settlement	302,520	171,354	226,718
15				
16	<u>subject to fixed fee payment</u>			
17	covered charges	196,539	47,406	33,654
18	payments	15,926	7,460	3,880
19	annual covered charges	196,539	47,406	33,654
20	annual interim payments	15,926	7,460	3,880
21	annual cost of services	69,095	48,887	11,159
22				
23	<u>subject to limit of inpatient rate</u>			
24	covered charges	18,443	0	0
25	payments	4,477	0	0
26	annual covered charges	18,443	0	0
27	annual interim payments	4,477	0	0
28	annual cost of services	6,484	0	0
29				
30	Medicaid annual payments	322,923	178,814	230,598
31	Cost of services - max annual payments for UPL	378,099	220,241	237,877
32				
33	<u>adjustment factor</u>			
34	inflation	1.032094	1.045408	1.020655
35				
36	adjusted Medicaid annual payments	333,287	186,934	235,361
37	adjusted maximum annual payments for UPL	390,234	230,242	242,790
38	annual facility specific UPL amount	56,947	43,308	7,429
39				
40	annual allocation of charge limit (if applicable)	56,947	43,308	7,429
41				
42	annual UPL amount after aggregate limit adjustments	113,894	86,616	14,858
43	UPL adjustment available for SFY2013	113,894	86,616	14,858
44	SFY2013 UPL adjustment - 1st - 3rd quarters	85,421	64,962	11,144
45	Intergovernmental transfer amount	0	0	0
46	Net funds amount	85,421	64,962	11,144

Georgia Department of Community Health

	Facility Name	Calhoun Memorial	Candler County	Charlton Memorial
1	base period report period beginning date	04/01/09	01/01/10	07/01/09
2	base period report period ending date	03/31/10	12/31/10	06/30/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	1	1	1
7				
8	<u>subject to cost settlement</u>			
9	cost of Medicaid covered services	119,895	284,992	154,459
10	covered charges	194,578	579,305	301,696
11	outpatient Medicaid ratio of costs to charges	0.616179	0.491955	0.511968
12	annual cost of Medicaid covered services	119,895	284,992	154,459
13	cost settlement rate	100.00%	100.00%	100.00%
14	annual Medicaid payments after cost settlement	119,895	284,992	154,459
15				
16	<u>subject to fixed fee payment</u>			
17	covered charges	18,366	45,938	36,540
18	payments	3,499	8,600	4,900
19	annual covered charges	18,366	45,938	36,540
20	annual interim payments	3,499	8,600	4,900
21	annual cost of services	11,317	22,599	18,707
22				
23	<u>subject to limit of inpatient rate</u>			
24	covered charges	7,338	75,529	0
25	payments	4,283	31,316	0
26	annual covered charges	7,338	75,529	0
27	annual interim payments	4,283	31,316	0
28	annual cost of services	4,522	37,157	0
29				
30	Medicaid annual payments	127,677	324,908	159,359
31	Cost of services - max annual payments for UPL	135,734	344,748	173,166
32				
33	<u>adjustment factor</u>			
34	inflation	1.045408	1.022716	1.032094
35				
36	adjusted Medicaid annual payments	133,475	332,289	164,473
37	adjusted maximum annual payments for UPL	141,897	352,579	178,723
38	annual facility specific UPL amount	8,422	20,290	14,250
39				
40	annual allocation of charge limit (if applicable)	8,422	20,290	14,250
41				
42	annual UPL amount after aggregate limit adjustments	16,844	40,580	28,500
43	UPL adjustment available for SFY2013	16,844	40,580	28,500
44	SFY2013 UPL adjustment - 1st - 3rd quarters	8,422	30,435	21,375
45	Intergovernmental transfer amount	0	0	0
46	Net funds amount	8,422	30,435	21,375

Georgia Department of Community Health

	Facility Name	Chatuge Regional	Clinch Memorial	Effingham Hospital
1	base period report period beginning date	05/01/09	07/01/09	07/01/09
2	base period report period ending date	04/30/10	06/30/10	06/30/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	1	1	1
7				
8	<u>subject to cost settlement</u>			
9	cost of Medicaid covered services	82,607	219,575	249,816
10	covered charges	220,887	312,853	619,456
11	outpatient Medicaid ratio of costs to charges	0.373979	0.701848	0.403283
12	annual cost of Medicaid covered services	82,607	219,575	249,816
13	cost settlement rate	100.00%	100.00%	100.00%
14	annual Medicaid payments after cost settlement	82,607	219,575	249,816
15				
16	<u>subject to fixed fee payment</u>			
17	covered charges	19,666	18,058	94,602
18	payments	2,450	1,700	5,900
19	annual covered charges	19,666	18,058	94,602
20	annual interim payments	2,450	1,700	5,900
21	annual cost of services	7,355	12,674	38,151
22				
23	<u>subject to limit of inpatient rate</u>			
24	covered charges	0	32,614	0
25	payments	0	16,966	0
26	annual covered charges	0	32,614	0
27	annual interim payments	0	16,966	0
28	annual cost of services	0	22,890	0
29				
30	Medicaid annual payments	85,057	238,241	255,716
31	Cost of services - max annual payments for UPL	89,962	255,139	287,967
32				
33	<u>adjustment factor</u>			
34	inflation	1.040932	1.032094	1.032094
35				
36	adjusted Medicaid annual payments	88,539	245,887	263,923
37	adjusted maximum annual payments for UPL	93,644	263,328	297,209
38	annual facility specific UPL amount	5,105	17,441	33,286
39				
40	annual allocation of charge limit (if applicable)	5,105	17,441	33,286
41				
42	annual UPL amount after aggregate limit adjustments	10,210	34,882	66,572
43	UPL adjustment available for SFY2013	10,210	34,882	66,572
44	SFY2013 UPL adjustment - 1st - 3rd quarters	7,658	26,162	49,929
45	Intergovernmental transfer amount	0	0	0
46	Net funds amount	7,658	26,162	49,929

Georgia Department of Community Health

	Facility Name	Higgins General	Jasper Memorial	Jeff Davis
1	base period report period beginning date	07/01/09	10/01/09	10/01/09
2	base period report period ending date	06/30/10	09/30/10	09/30/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	1	1	1
7				
8	<u>subject to cost settlement</u>			
9	cost of Medicaid covered services	879,823	136,045	273,115
10	covered charges	3,046,132	167,812	804,605
11	outpatient Medicaid ratio of costs to charges	0.288833	0.810698	0.33944
12	annual cost of Medicaid covered services	879,823	136,045	273,115
13	cost settlement rate	100.00%	100.00%	100.00%
14	annual Medicaid payments after cost settlement	879,823	136,045	273,115
15				
16	<u>subject to fixed fee payment</u>			
17	covered charges	172,818	25,845	93,012
18	payments	14,946	4,776	8,400
19	annual covered charges	172,818	25,845	93,012
20	annual interim payments	14,946	4,776	8,400
21	annual cost of services	49,916	20,952	31,572
22				
23	<u>subject to limit of inpatient rate</u>			
24	covered charges	63,120	0	10,009
25	payments	18,605	0	4,456
26	annual covered charges	63,120	0	10,009
27	annual interim payments	18,605	0	4,456
28	annual cost of services	18,231	0	3,397
29				
30	Medicaid annual payments	913,374	140,821	285,971
31	Cost of services - max annual payments for UPL	947,970	156,997	308,084
32				
33	<u>adjustment factor</u>			
34	inflation	1.032094	1.020655	1.020655
35				
36	adjusted Medicaid annual payments	942,688	143,730	291,878
37	adjusted maximum annual payments for UPL	978,394	160,239	314,448
38	annual facility specific UPL amount	35,706	16,509	22,570
39				
40	annual allocation of charge limit (if applicable)	35,706	16,509	22,570
41				
42	annual UPL amount after aggregate limit adjustments	71,412	33,018	45,140
43	UPL adjustment available for SFY2013	71,412	33,018	45,140
44	SFY2013 UPL adjustment - 1st - 3rd quarters	53,559	24,764	33,855
45	Intergovernmental transfer amount	0	0	0
46	Net funds amount	53,559	24,764	33,855

Georgia Department of Community Health

	Facility Name	Liberty Regional	Louis Smith	Miller County	Mitchell County
1	base period report period beginning date	12/01/09	10/01/09	07/01/09	10/01/09
2	base period report period ending date	11/30/10	09/30/10	06/30/10	09/30/10
3					
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
5					
6	CAH status (1 = yes)	1	1	1	1
7					
8	<u>subject to cost settlement</u>				
9	cost of Medicaid covered services	523,321	207,279	314,617	453,740
10	covered charges	2,038,686	430,303	777,442	1,440,825
11	outpatient Medicaid ratio of costs to charges	0.256695	0.481706	0.404683	0.314917
12	annual cost of Medicaid covered services	523,321	207,279	314,617	453,740
13	cost settlement rate	100.00%	100.00%	100.00%	100.00%
14	annual Medicaid payments after cost settlement	523,321	207,279	314,617	453,740
15					
16	<u>subject to fixed fee payment</u>				
17	covered charges	342,190	58,485	58,141	65,287
18	payments	23,781	6,682	5,551	6,520
19	annual covered charges	342,190	58,485	58,141	65,287
20	annual interim payments	23,781	6,682	5,551	6,520
21	annual cost of services	87,838	28,173	23,529	20,560
22					
23	<u>subject to limit of inpatient rate</u>				
24	covered charges	19,425	501,915	44,281	0
25	payments	4,556	78,971	17,233	0
26	annual covered charges	19,425	501,915	44,281	0
27	annual interim payments	4,556	78,971	17,233	0
28	annual cost of services	4,986	241,775	17,920	0
29					
30	Medicaid annual payments	551,658	292,932	337,401	460,260
31	Cost of services - max annual payments for UPL	616,145	477,227	356,066	474,300
32					
33	<u>adjustment factor</u>				
34	inflation	1.022028	1.020655	1.032094	1.020655
35					
36	adjusted Medicaid annual payments	563,810	298,983	348,230	469,767
37	adjusted maximum annual payments for UPL	629,717	487,084	367,494	484,097
38	annual facility specific UPL amount	65,907	188,101	19,264	14,330
39					
40	annual allocation of charge limit (if applicable)	65,907	188,101	19,264	14,330
41					
42	annual UPL amount after aggregate limit adjustments	131,814	376,202	38,528	28,660
43	UPL adjustment available for SFY2013	131,814	376,202	38,528	28,660
44	SFY2013 UPL adjustment - 1st - 3rd quarters	98,861	282,152	28,896	21,495
45	Intergovernmental transfer amount	0	0	0	0
46	Net funds amount	98,861	282,152	28,896	21,495

Georgia Department of Community Health

	Facility Name	Monroe County	Morgan Memorial	Optim Medical - Jenkins
1	base period report period beginning date	10/01/09	07/01/09	07/01/09
2	base period report period ending date	09/30/10	06/30/10	06/30/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	1	1	1
7				
8	<u>subject to cost settlement</u>			
9	cost of Medicaid covered services	170,762	198,229	115,567
10	covered charges	448,183	355,594	196,335
11	outpatient Medicaid ratio of costs to charges	0.38101	0.55746	0.588624
12	annual cost of Medicaid covered services	170,762	198,229	115,567
13	cost settlement rate	100.00%	100.00%	100.00%
14	annual Medicaid payments after cost settlement	170,762	198,229	115,567
15				
16	<u>subject to fixed fee payment</u>			
17	covered charges	60,895	26,891	33,416
18	payments	9,693	3,650	8,050
19	annual covered charges	60,895	26,891	33,416
20	annual interim payments	9,693	3,650	8,050
21	annual cost of services	23,202	14,991	19,669
22				
23	<u>subject to limit of inpatient rate</u>			
24	covered charges	13,674	0	0
25	payments	4,383	0	0
26	annual covered charges	13,674	0	0
27	annual interim payments	4,383	0	0
28	annual cost of services	5,210	0	0
29				
30	Medicaid annual payments	184,838	201,879	123,617
31	Cost of services - max annual payments for UPL	199,174	213,220	135,236
32				
33	<u>adjustment factor</u>			
34	inflation	1.020655	1.032094	1.032094
35				
36	adjusted Medicaid annual payments	188,656	208,358	127,584
37	adjusted maximum annual payments for UPL	203,288	220,063	139,577
38	annual facility specific UPL amount	14,632	11,705	11,993
39				
40	annual allocation of charge limit (if applicable)	14,632	11,705	11,993
41				
42	annual UPL amount after aggregate limit adjustments	29,264	23,410	23,986
43	UPL adjustment available for SFY2013	29,264	23,410	23,986
44	SFY2013 UPL adjustment - 1st - 3rd quarters	21,948	17,558	17,990
45	Intergovernmental transfer amount	0	0	0
46	Net funds amount	21,948	17,558	17,990

Georgia Department of Community Health

	Facility Name	Peach Regional	Pioneer Community	Polk Medical
1	base period report period beginning date	11/01/09	10/01/09	10/01/09
2	base period report period ending date	10/31/10	09/30/10	09/30/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	1	1	1
7				
8	<u>subject to cost settlement</u>			
9	cost of Medicaid covered services	430,301	296,548	514,404
10	covered charges	1,096,592	711,197	2,228,744
11	outpatient Medicaid ratio of costs to charges	0.392398	0.416971	0.230804
12	annual cost of Medicaid covered services	430,301	296,548	514,404
13	cost settlement rate	100.00%	100.00%	100.00%
14	annual Medicaid payments after cost settlement	430,301	296,548	514,404
15				
16	<u>subject to fixed fee payment</u>			
17	covered charges	105,665	49,035	586,144
18	payments	19,025	6,020	33,300
19	annual covered charges	105,665	49,035	586,144
20	annual interim payments	19,025	6,020	33,300
21	annual cost of services	41,463	20,446	135,284
22				
23	<u>subject to limit of inpatient rate</u>			
24	covered charges	0	10,660	0
25	payments	0	4,358	0
26	annual covered charges	0	10,660	0
27	annual interim payments	0	4,358	0
28	annual cost of services	0	4,445	0
29				
30	Medicaid annual payments	449,326	306,926	547,704
31	Cost of services - max annual payments for UPL	471,764	321,439	649,688
32				
33	<u>adjustment factor</u>			
34	inflation	1.021341	1.020655	1.020655
35				
36	adjusted Medicaid annual payments	458,915	313,266	559,017
37	adjusted maximum annual payments for UPL	481,832	328,079	663,107
38	annual facility specific UPL amount	22,917	14,813	104,090
39				
40	annual allocation of charge limit (if applicable)	22,917	14,813	104,090
41				
42	annual UPL amount after aggregate limit adjustments	45,834	29,626	208,180
43	UPL adjustment available for SFY2013	45,834	29,626	208,180
44	SFY2013 UPL adjustment - 1st - 3rd quarters	34,376	22,220	156,135
45	Intergovernmental transfer amount	0	0	0
46	Net funds amount	34,376	22,220	156,135

Georgia Department of Community Health

	Facility Name	Putnam General	Southwest GA	Sylvan Grove	Warm Springs
1	base period report period beginning date	10/01/09	07/01/09	01/01/10	01/01/10
2	base period report period ending date	09/30/10	06/30/10	12/31/10	12/31/10
3					
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
5					
6	CAH status (1 = yes)	1	1	1	1
7					
8	<u>subject to cost settlement</u>				
9	cost of Medicaid covered services	328,055	252,776	190,205	290,033
10	covered charges	625,562	713,330	1,104,139	741,802
11	outpatient Medicaid ratio of costs to charges	0.524416	0.354361	0.172265	0.390985
12	annual cost of Medicaid covered services	328,055	252,776	190,205	290,033
13	cost settlement rate	100.00%	100.00%	100.00%	100.00%
14	annual Medicaid payments after cost settlement	328,055	252,776	190,205	290,033
15					
16	<u>subject to fixed fee payment</u>				
17	covered charges	46,678	120,401	223,762	103,208
18	payments	6,032	9,803	12,150	9,250
19	annual covered charges	46,678	120,401	223,762	103,208
20	annual interim payments	6,032	9,803	12,150	9,250
21	annual cost of services	24,479	42,665	38,546	40,353
22					
23	<u>subject to limit of inpatient rate</u>				
24	covered charges	93,438	0	0	23,766
25	payments	35,907	0	0	4,543
26	annual covered charges	93,438	0	0	23,766
27	annual interim payments	35,907	0	0	4,543
28	annual cost of services	49,000	0	0	9,292
29					
30	Medicaid annual payments	369,994	262,579	202,355	303,826
31	Cost of services - max annual payments for UPL	401,534	295,441	228,751	339,678
32					
33	<u>adjustment factor</u>				
34	inflation	1.020655	1.032094	1.022716	1.022716
35					
36	adjusted Medicaid annual payments	377,636	271,006	206,952	310,728
37	adjusted maximum annual payments for UPL	409,827	304,923	233,947	347,394
38	annual facility specific UPL amount	32,191	33,917	26,995	36,666
39					
40	annual allocation of charge limit (if applicable)	32,191	33,917	26,995	36,666
41					
42	annual UPL amount after aggregate limit adjustments	64,382	67,834	53,990	73,332
43	UPL adjustment available for SFY2013	64,382	67,834	53,990	73,332
44	SFY2013 UPL adjustment - 1st - 3rd quarters	48,287	50,876	40,493	54,999
45	Intergovernmental transfer amount	0	0	0	0
46	Net funds amount	48,287	50,876	40,493	54,999

Georgia Department of Community Health

	Facility Name	Wills Memorial	Good Samaritan	Lower Oconee	Mountain Lakes
1	base period report period beginning date	05/01/09	01/01/10	01/01/10	01/01/10
2	base period report period ending date	04/30/10	12/31/10	12/31/10	12/31/10
3					
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000	1.0000
5					
6	CAH status (1 = yes)	1	1	1	1
7					
8	<u>subject to cost settlement</u>				
9	cost of Medicaid covered services	199,055	240,711	536,745	236,224
10	covered charges	346,597	443,249	2,118,504	478,139
11	outpatient Medicaid ratio of costs to charges	0.574312	0.54306	0.25336	0.494049
12	annual cost of Medicaid covered services	199,055	240,711	536,745	236,224
13	cost settlement rate	100.00%	100.00%	100.00%	100.00%
14	annual Medicaid payments after cost settlement	199,055	240,711	536,745	236,224
15					
16	<u>subject to fixed fee payment</u>				
17	covered charges	20,639	75,766	91,221	27,727
18	payments	5,850	8,700	6,097	2,300
19	annual covered charges	20,639	75,766	91,221	27,727
20	annual interim payments	5,850	8,700	6,097	2,300
21	annual cost of services	11,853	41,145	23,112	13,698
22					
23	<u>subject to limit of inpatient rate</u>				
24	covered charges	0	73,797	16,856	75,966
25	payments	0	17,497	4,748	22,816
26	annual covered charges	0	73,797	16,856	75,966
27	annual interim payments	0	17,497	4,748	22,816
28	annual cost of services	0	40,076	4,271	37,531
29					
30	Medicaid annual payments	204,905	266,908	547,590	261,340
31	Cost of services - max annual payments for UPL	210,908	321,932	564,128	287,453
32					
33	<u>adjustment factor</u>				
34	inflation	1.040932	1.022716	1.022716	1.022716
35					
36	adjusted Medicaid annual payments	213,292	272,971	560,029	267,277
37	adjusted maximum annual payments for UPL	219,541	329,245	576,943	293,983
38	annual facility specific UPL amount	6,249	56,274	16,914	26,706
39					
40	annual allocation of charge limit (if applicable)	6,249	56,274	16,914	26,706
41					
42	annual UPL amount after aggregate limit adjustments	12,498	112,548	33,828	53,412
43	UPL adjustment available for SFY2013	12,498	112,548	33,828	53,412
44	SFY2013 UPL adjustment - 1st - 3rd quarters	9,374	84,411	25,371	40,059
45	Intergovernmental transfer amount	0	0	0	0
46	Net funds amount	9,374	84,411	25,371	40,059

Georgia Department of Community Health

	Facility Name	Optim Medical - Screven	Optim Medical - Tattnall	Phoebe Worth
1	base period report period beginning date	07/01/09	01/01/10	08/01/09
2	base period report period ending date	06/30/10	12/31/10	07/31/10
3				
4	adjustment factor (if period not equal to 1 year)	1.0000	1.0000	1.0000
5				
6	CAH status (1 = yes)	1	1	1
7				
8	<u>subject to cost settlement</u>			
9	cost of Medicaid covered services	213,191	444,327	227,479
10	covered charges	528,164	1,960,720	630,354
11	outpatient Medicaid ratio of costs to charges	0.403645	0.226614	0.360875
12	annual cost of Medicaid covered services	213,191	444,327	227,479
13	cost settlement rate	100.00%	100.00%	100.00%
14	annual Medicaid payments after cost settlement	213,191	444,327	227,479
15				
16	<u>subject to fixed fee payment</u>			
17	covered charges	84,394	106,126	158,141
18	payments	8,771	7,550	12,900
19	annual covered charges	84,394	106,126	158,141
20	annual interim payments	8,771	7,550	12,900
21	annual cost of services	34,065	24,050	57,069
22				
23	<u>subject to limit of inpatient rate</u>			
24	covered charges	0	2,667,687	9,998
25	payments	0	431,760	4,401
26	annual covered charges	0	2,667,687	9,998
27	annual interim payments	0	431,760	4,401
28	annual cost of services	0	604,535	3,608
29				
30	Medicaid annual payments	221,962	883,637	244,780
31	Cost of services - max annual payments for UPL	247,256	1,072,912	288,156
32				
33	<u>adjustment factor</u>			
34	inflation	1.032094	1.022716	1.028252
35				
36	adjusted Medicaid annual payments	229,086	903,710	251,696
37	adjusted maximum annual payments for UPL	255,191	1,097,284	296,297
38	annual facility specific UPL amount	26,105	193,574	44,601
39				
40	annual allocation of charge limit (if applicable)	26,105	193,574	44,601
41				
42	annual UPL amount after aggregate limit adjustments	52,210	387,148	89,202
43	UPL adjustment available for SFY2013	52,210	387,148	89,202
44	SFY2013 UPL adjustment - 1st - 3rd quarters	39,158	290,361	66,902
45	Intergovernmental transfer amount	0	0	0
46	Net funds amount	39,158	290,361	66,902

Georgia Department of Community Health

	Facility Name	Stewart Webster
1	base period report period beginning date	10/01/09
2	base period report period ending date	09/30/10
3		
4	adjustment factor (if period not equal to 1 year)	1.0000
5		
6	CAH status (1 = yes)	1
7		
8	<u>subject to cost settlement</u>	
9	cost of Medicaid covered services	120,450
10	covered charges	250,895
11	outpatient Medicaid ratio of costs to charges	0.480083
12	annual cost of Medicaid covered services	120,450
13	cost settlement rate	100.00%
14	annual Medicaid payments after cost settlement	120,450
15		
16	<u>subject to fixed fee payment</u>	
17	covered charges	29,156
18	payments	4,633
19	annual covered charges	29,156
20	annual interim payments	4,633
21	annual cost of services	13,997
22		
23	<u>subject to limit of inpatient rate</u>	
24	covered charges	7,627
25	payments	4,340
26	annual covered charges	7,627
27	annual interim payments	4,340
28	annual cost of services	3,662
29		
30	Medicaid annual payments	129,423
31	Cost of services - max annual payments for UPL	138,109
32		
33	<u>adjustment factor</u>	
34	inflation	1.020655
35		
36	adjusted Medicaid annual payments	132,096
37	adjusted maximum annual payments for UPL	140,962
38	annual facility specific UPL amount	8,866
39		
40	annual allocation of charge limit (if applicable)	8,866
41		
42	annual UPL amount after aggregate limit adjustments	17,732
43	UPL adjustment available for SFY2013	17,732
44	SFY2013 UPL adjustment - 1st - 3rd quarters	13,299
45	Intergovernmental transfer amount	0
46	Net funds amount	13,299